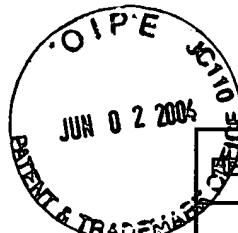


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<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		Docket Number (Optional) 09373/100G811-US1
	In re Application of      Frances H. Arnold	
	Application Number 09/722,602	Filed November 27, 2000
	For      DIRECTED EVOLUTION OF GALACTOSE OXIDASE ENZYMES	
	Art Unit 1652	Examiner Y. D. Pak

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

- |  |           |
|--|-----------|
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))   | \$ _____  |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))  | \$ _____  |
| <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))   | \$ 950.00 |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))   | \$ _____  |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))   | \$ _____  |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____ |           |
| <input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.  |           |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.  |           |
| <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.   |           |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 04-0100     |           |

I have enclosed a duplicate copy of this sheet.

- I am the  applicant/inventor.  
 assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  
 attorney or agent of record. Registration Number \_\_\_\_\_  
 attorney or agent under 37 CFR 1.34(a).  
Registration number if acting under 37 CFR 1.34(a) 31,194

June 2, 2004  
Date

(212) 527-7766  
Telephone Number

  
Signature

Robert Schaffer  
Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below

Total of 1 forms are submitted.

06/07/2004 TBESHAK1 00000049 09722602

02 FC:1253

950.00 OP

Express Mail Label No.	Dated: _____
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